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SERIAL NUMBER 10/645,653	FILING OR 371(c) DATE 08/20/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 10177-169
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## APPLICANTS

Toby Freyman, Watertown, MA;  
 Timothy J. Mickley, Elk River, MN;  
 Maria J. Palasis, Wellesley, MA;  
 Wendy Naimark, Cambridge, MA;

\*\* CONTINUING DATA \*\*\*\*\*

W 9/23/08

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/25/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Met after Allowance			
Verified and Acknowledged	<u>W</u> Examiner's Signature	<u>W</u> Initials			

## ADDRESS

20583

## TITLE

Medical device with drug delivery member

FILING FEE RECEIVED 1476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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